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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your	David First name C Middle name Broomfield Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
meeting with the trustee		Last Hame and Guinx (Gr., Gr., II, III)	Last Harrie and Guinx (Gr., Gr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1855	

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Debtor 1 David C Broomfield Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	25 Wetmore Ave, Unit 2	If Debtor 2 lives at a different address:
		Maplewood, NJ 07040 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Essex County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Document Page 3 of 59 Debtor 1 **David C Broomfield** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. District When 7/28/11 Case number 11-32402-NLW **New Jersey** District When Case number District When Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Relationship to you Debtor

Do you rent your residence?

No.

Go to line 12.

District

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

When

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Case number, if known

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Document Page 4 of 59 Case number (if known) Debtor 1 David C Broomfield Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 David C Broomfield

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 **David C Broomfield** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **2**5,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ David C Broomfield Signature of Debtor 2 **David C Broomfield** Signature of Debtor 1 Executed on December 16, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 David C Broomfield Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Harvey	I Marcus	Date	December 16, 2016
Signature of	f Attorney for Debtor		MM / DD / YYYY
Harvey I M	larcus		
Law Office	es of Harvey I. Marcus		
Firm name			
250 Pehle	Avenue		
Suite 200			
Saddle Br	ook, NJ 07663		
Number, Street,	, City, State & ZIP Code		
Contact phone	201-384-2200	Email address	HIM@lawmarcus.com
8635			
Bar number & S	State		

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Fill in this infor	mation to identify your	case:	V		
Debtor 1	David C Broomfie				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number (if known)					☐ Check if this is an
					amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	original forms, you must fill out a new Summary and check the box at the top of this page.		-
Par	11: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	340,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	7,050.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	347,050.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	300,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	7,476.00
	Your total liabilities	\$	307,476.00
Par	t 3: Summarize Your Income and Expenses		·
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,773.52
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,303.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	chedules.
7.	Yes What kind of debt do you have?		
	- Value debte are primarily consumer debte. Consumer debte are those (in sured by an individual arises), for	0.00000-	l family or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 David C Broomfield Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,464.22

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

In re	David C Broomfield	•	Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPE	NSATION OF ATTOR	NEY FOR DE	CBTOR(S)
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filipe rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	3,500.00
	Prior to the filing of this statement I have received		\$	1,500.00
	Balance Due			2,000.00
2. 5	S 310.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. 7	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person t	inless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na			
5.	In return for the above-disclosed fee, I have agreed to r	ender legal service for all aspects	of the bankruptcy c	ase, including:
ł	a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit f. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on ho	tement of affairs and plan which tors and confirmation hearing, and reduce to market value; exe ons as needed; preparation	may be required; d any adjourned hear mption planning;	rings thereof;
7. 1	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
D	ecember 16, 2016	/s/ Harvey I Marcu	S	
D	ate	Harvey I Marcus 8 Signature of Attorney		
		Law Offices of Ha	rvey I. Marcus	
		250 Pehle Avenue Suite 200	•	
		Saddle Brook, NJ		
		201-384-2200 Fax HIM@lawmarcus.		
		Name of law firm		

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				Doc	ument	Page 11 of 59			
Fill ir	this inform	ation to identify	your case and th	nis filing	g:				
Debto	or 1	David C Bro	omfield						
		First Name		Name		Last Name			
Debto		First Name	NA:	Nome		Lost Name			
(Spous	e, if filing)	First Name	Middle	Name		Last Name			
Unite	d States Ban	kruptcy Court for	the: DISTRICT	OF NE	W JERSEY				
Case	number								☐ Check if this is an
						_			amended filing
Off;	cial Ear	rm 106A/E	2						
_		_	_						
Sc	hedule	e A/B: Pi	roperty						12/15
Part 1	Describe E	ion. Each Residence, B ave any legal or eq 2.	uilding, Land, or Of	her Rea	I Estate You Ov	e top of any additional pa wn or Have an Interest In , land, or similar property		anie und cus	s number (ii known).
_		re Ave, Unit 2	ecription		Single-family				aims or exemptions. Put d claims on <i>Schedule D:</i>
						Iti-unit building	Creditors V	Vho Have Clair	ns Secured by Property.
					Manufactured	or mobile home	Current va	lue of the	Current value of the
_	Maplewood	d NJ	07040-0000		Land		entire pro	perty?	portion you own?
(City	State	ZIP Code			roperty	\$34	40,000.00	\$340,000.00
									our ownership interest
				_		t in the property? Check or	·	ee simple, ten e), if known.	ancy by the entireties, or
					Debtor 1 only				
	Essex				Debtor 2 only				
-	County				Debtor 1 and	Debtor 2 only	- Checl	r if this is com	munity property
					At least one of	of the debtors and another		structions)	indinty property
					r information y erty identificat	ou wish to add about this ion number:	item, such as lo	cal	
2. A	dd the dolla ages you ha	er value of the po eve attached for	ortion you own fo Part 1. Write that	r all of numbe	your entries er here	from Part 1, including	any entries for	.=>	\$340,000.00
Part 2	Describe Y	our Vehicles							

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 17-10013-JKS Doc 1 Filed 01/02/17 Entered 01/02/17 16:49:43 Desc Main Page 12 of 59 Document Case number (if known) Debtor 1 **David C Broomfield** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **Ford** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Explorer** Creditors Who Have Claims Secured by Property. Model ■ Debtor 1 only 1997 Year: Debtor 2 only Current value of the Current value of the 187000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1,000,00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... **Used Household Good and Furnishings** \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools;

musical instruments

■ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ Yes. Describe.....

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Debte	or 1 David C Bro	omfield	Case number (if known)	·
	lothes Examples: Everyday cl	othes, furs, leather coats, des	signer wear, shoes, accessories	
	No			
	Yes. Describe			
		Used Clothing		\$400.00
	ewelry E <i>xampl</i> es: Everyday je	welry, costume jewelry, enga	gement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
	No Yes. Describe			
	on-farm animals Examples: Dogs, cats,	birds, horses		
	No			
Ц	Yes. Describe			
_	ny other personal an	d household items you did	not already list, including any health aids you did not list	
_	Yes. Give specific inf	formation		
			Part 3, including any entries for pages you have attached	\$900.00
	ior Part 3. Write that	number nere		
Part 4	L: Describe Your Finan	icial Assets		
Do y	ou own or have any l	egal or equitable interest ir	n any of the following?	Current value of the
				portion you own? Do not deduct secured
				claims or exemptions.
16. C E		have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petit	ion
	No			
	Yes			
			Cash	\$50.00
	eposits of money Examples: Checking, s	avings, or other financial acc	ounts; certificates of deposit; shares in credit unions, brokerage	houses, and other similar
	institutions.	If you have multiple accounts	s with the same institution, list each.	
	Yes		Institution name:	
		17.1.	TD Bank	\$100.00
		17.2. Savings	TD Bank	\$5,000.00
		or publicly traded stocks	okerage firms, money market accounts	
	No	, investment accounts with br	okerage ililis, money market accounts	
	Yes	Institution or issuer	name:	
		tock and interests in incorp	orated and unincorporated businesses, including an intere	st in an LLC, partnership, and
	oint venture No			
		formation about them		
	•	Name of entity:	% of ownership:	

Official Form 106A/B Schedule A/B: Property

page 3

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De	ebtor 1	David C Broomfield Case number (if known)	
20.	Negoti	ment and corporate bonds and other negotiable and non-negotiable instruments able instruments include personal checks, cashiers' checks, promissory notes, and money orders. agotiable instruments are those you cannot transfer to someone by signing or delivering them.	
		Give specific information about them Issuer name:	
21.	Retirer Examp	nent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plan	ns
	☐ Yes.	List each account separately. Type of account: Institution name:	
22.	Your s	y deposits and prepayments nare of all unused deposits you have made so that you may continue service or use from a company les: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies	or others
	_	Institution name or individual:	
	Annuit ■ No	es (A contract for a periodic payment of money to you, either for life or for a number of years)	
	☐ Yes	Issuer name and description.	
		s in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. $\S 530(b)(1)$, $529A(b)$, and $529(b)(1)$.	m.
	☐ Yes	Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):	
	■ No	equitable or future interests in property (other than anything listed in line 1), and rights or powers exercise.	sable for your benefit
	Exam _l ■ No	s, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing agreements	
	☐ Yes.	Give specific information about them	
27.	Exam _l ■ No	es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses	
		Give specific information about them	
М	oney or	property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you	
	☐ Yes.	Give specific information about them, including whether you already filed the returns and the tax years	
29.		support les: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property set	tlement
	☐ Yes.	Give specific information	
30.		imounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensate benefits; unpaid loans you made to someone else	ion, Social Security
	☐ Yes.	Give specific information	

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Debtor 1 David C Broomfield Case number (if known)

31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); cred No	dit, homeowner's, or renter's insural	nce
	Yes. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance p someone has died.	olicy, or are currently entitled to rec	eive property because
	■ No □ Yes. Give specific information		
33.	Claims against third parties, whether or not you have filed a lawsuit or made Examples: Accidents, employment disputes, insurance claims, or rights to sue	e a demand for payment	
	☐ Yes. Describe each claim		
34.	Other contingent and unliquidated claims of every nature, including counter No	claims of the debtor and rights to	set off claims
	Yes. Describe each claim		
35.	Any financial assets you did not already list		
	■ No		
	☐ Yes. Give specific information		
36	Add the dollar value of all of your entries from Part 4, including any entries for Part 4. Write that number here		\$5,150.00
Pa	rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any	real estate in Part 1.	
_	Do you own or have any legal or equitable interest in any business-related property?		
_	No. Go to Part 6. ☐ Yes. Go to line 38.		
	in test. Go to line 36.		
Pa	rt 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have a If you own or have an interest in farmland, list it in Part 1.	an Interest In.	
46.	Do you own or have any legal or equitable interest in any farm- or commerci	al fishing-related property?	
	No. Go to Part 7.		
	Yes. Go to line 47.		
Pa	Tt 7: Describe All Property You Own or Have an Interest in That You Did Not List A	above	
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership		
	■ No □ Yes. Give specific information		
54	. Add the dollar value of all of your entries from Part 7. Write that number he	re	\$0.00

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Debtor 1 Case number (if known) **David C Broomfield** List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$340,000.00 Part 2: Total vehicles, line 5 56. \$1,000.00 Part 3: Total personal and household items, line 15 57. \$900.00 58. Part 4: Total financial assets, line 36 \$5,150.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Copy personal property total Total personal property. Add lines 56 through 61... 62. \$7,050.00 \$7,050.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$347,050.00

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Fill in this infor	mation to identify your	case:	.,	
Debtor 1	David C Broomfie	eld		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number				
(if known)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	tne /	Property	You	Claim	as Exemp	t

	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	25 Wetmore Ave, Unit 2 Maplewood, NJ 07040 Essex County	\$340,000.00		\$23,675.00	11 U.S.C. § 522(d)(1)				
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	1997 Ford Explorer 187000 miles Line from Schedule A/B: 3.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(2)				
	Line Ironi Scriedule Arb. 3.1			100% of fair market value, up to any applicable statutory limit					
	Used Household Good and Furnishings	\$500.00		\$500.00	11 U.S.C. § 522(d)(3) 400				
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	Used Clothing Line from Schedule A/B: 11.1	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)				
	Life from Schedule Arb. 11.1			100% of fair market value, up to any applicable statutory limit					
	Cash Line from Schedule A/B: 16.1	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)				
	Line nom Schedule A/D. 10.1			100% of fair market value, up to any applicable statutory limit					

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Debtor 1 David C Broomfield Case number (if known)

	- David C Di Commond					
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
	D Bank ine from <i>Schedule A/B</i> : 17.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)	
L	THE HOLL COLLEGATION AND A TITLE			100% of fair market value, up to any applicable statutory limit		
	avings: TD Bank	\$5,000.00		\$1,100.00	11 U.S.C. § 522(d)(5)	
LI	THE HOTH Scriedule AVB. 17.2			100% of fair market value, up to any applicable statutory limit		
	re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No			led on or after the date of adjustmen	nt.)	
	Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

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		Document	Page 19	of 59		
Fill in this inform	ation to identify you	ır case:				
Debtor 1	David C Broom	iald				
Debior 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	DISTRICT OF NEW JERSEY				
Coco number						
Case number (if known)					_	if this is an ded filing
Official Forms	40CD					
Official Form			_			
Schedule I	D: Creditors	Who Have Claims	Secure	d by Property	/	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors h	nave claims secured by	your property?				
☐ No. Check	this box and submit t	his form to the court with your other	schedules. Y	ou have nothing else to	report on this form.	
Yes. Fill in	all of the information	below.				
	Secured Claims					
		more than one secured claim, list the cre	ditor congrately	Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	a particular claim, list the other creditors cal order according to the creditor's name	s in Part 2. As ´	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Nationstar	Mortgage LLC	Describe the property that secures t	the claim:	\$300,000.00	\$340,000.00	\$0.00
Creditor's Name		25 Wetmore Ave, Unit 2 Map NJ 07040 Essex County	olewood,			
Attn: Bank		As of the date you file, the claim is:	Check all that			
PO Box 61	9094 75261-9741	apply.	onoon an mar			
		☐ Contingent				
Number, Street, C	City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as	mortgage or se	cured		
Debtor 2 only		car loan)				
Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cla community deb		Other (including a right to offset)	Mortgage			
Data daht was insu	d	Look 4 digita of account numb	har 0042			
Date debt was incu		Last 4 digits of account num	ber <u>9843</u>			
Add the dollar val	ue of your entries in C	olumn A on this page. Write that num	ber here:	\$300,00	0.00	
If this is the last p Write that number		the dollar value totals from all pages.		\$300,000	0.00	
	. =					
		r a Debt That You Already Listed				
trying to collect from	m you for a debt you o	e notified about your bankruptcy for a we to someone else, list the creditor i you listed in Part 1, list the additiona is page.	in Part 1, and t	then list the collection ag	ency here. Similarly, if	you have more
RAS Citro	•	Zip Code	On whi	ich line in Part 1 did you en	iter the creditor? 2.1	
130 Clinto Fairfield, I	on Rd, Ste 202 NJ 07004		Last 4	digits of account number _	_	

Official Form 106D

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		<u>Documen</u>	t	of 59		
Fill in this in	nformation to identify your	case:				
Debtor 1	David C Broomfie	ld				
Dobtor 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United State	s Bankruptcy Court for the:	DISTRICT OF NEW JERS	SEY			
Case numbe	er				☐ Check if this	ic an
(amended fili	
						9
Official F	orm 106E/F					
Schedul	e E/F: Creditors W	ho Have Unsecur	ed Claims		12	2/15
Schedule G: E Schedule D: C left. Attach the name and cas	xecutory Contracts and Unexp reditors Who Have Claims Sec	ired Leases (Official Form 106 ured by Property. If more space e. If you have no information	G). Do not include ce is needed, copy	contracts on Schedule A/B: Prope any creditors with partially secur the Part you need, fill it out, numl do not file that Part. On the top of	ed claims that are list ber the entries in the b	ed in boxes on the
	reditors have priority unsecure					
•	o to Part 2.					
☐ Yes.						
	st All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any ci	editors have nonpriority unsec	ured claims against you?				
_	ou have nothing to report in this p		with your other sch	odulos		
_	od flave flotfillig to report in this p	art. Submit this form to the coun	with your other sche	cuules.		
Yes.						
unsecured	d claim, list the creditor separately	for each claim. For each claim	listed, identify what t	b holds each claim. If a creditor has ype of claim it is. Do not list claims three nonpriority unsecured claims	already included in Part	t 1. If more
ranz.					Total clain	n
4.1 Bar	clays Bank Delaware	Last 4 digits o	f account number	2954		\$1,956.00
	priority Creditor's Name		. account manibol	2304		Ψ1,330.00
	Box 8801 mington, DE 19899	When was the	debt incurred?	Opened 10/05/14 Last A 11/01/16	ctive	
Num	ber Street City State Zlp Code incurred the debt? Check one.	As of the date	you file, the claim	is: Check all that apply		
■ D	ebtor 1 only	☐ Contingent				
	ebtor 2 only	☐ Unliquidate	d			
	ebtor 1 and Debtor 2 only	☐ Disputed	u			
	t least one of the debtors and and	·	RIORITY unsecured	d claim:		
	heck if this claim is for a com					
debt		<u> </u>		ration agreement or divorce that yo	u did not	
■ N	<u>-</u>		•	g plans, and other similar debts		
□ Y		•	cify Credit Card			
		Other. Spec	Jily	-		

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Case number (if know)

Debt	David C Broomfield		Case number (if know)	
4.2	Capital One	Last 4 digits of account number	0930	\$1,436.00
	Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim in	Opened 10/24/13 Last Active 11/01/16 s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	5984	\$447.00
	Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 6/06/15 Last Active 11/01/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	<u> </u>	
4.4	Citibank/The Home Depot	Last 4 digits of account number	0582	\$131.00
	Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040	When was the debt incurred?	Opened 12/21/14 Last Active 9/23/16	
	S Louis, MO 63129 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	3	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other Specify Charge Acc	count	

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David C Broomfield		Case number (if know)	
Comenity Capital Bank/HSN	Last 4 digits of account number	4424	\$817.00
Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 10/11/14 Last Active 11/25/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Charge Ac	count	
Credit One Bank Na	Last 4 digits of account number	1225	\$940.00
Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 9/13/13 Last Active 11/01/16	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	<u>d</u>	
Fst Premier	Last 4 digits of account number	6534	\$622.00
Nonpriority Creditor's Name 601 S Minneapolis Ave Sioux Falls, SD 57104	When was the debt incurred?	Opened 3/11/12 Last Active 11/01/16	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No No	Debts to pension or profit-sharing	= :	
Yes	■ Other. Specify Credit Care	d	

Official Form 106 E/F

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Case number (if know)

David C Broomfield		Case number (if know)	
Fst Premier	Last 4 digits of account number	8359	\$338.00
Nonpriority Creditor's Name 601 S Minneapolis Ave Sioux Falls, SD 57104	When was the debt incurred?	Opened 3/02/14 Last Active 11/01/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
□ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed		
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Credit Card	<u> </u>	
Lazarus Financial Grou Nonpriority Creditor's Name	Last 4 digits of account number	3505	\$333.00
2301 N Central Expy Ste Plano, TX 75075	When was the debt incurred?	Opened 10/11	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Clinical Lal		
	— Other. Speeny		
Lazarus Financial Grou Nonpriority Creditor's Name	Last 4 digits of account number	3216	\$146.00
2301 N Central Expy Ste Plano, TX 75075	When was the debt incurred?	Opened 10/11	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing		
☐ Yes	Other Specify Clinical Lal	boratory Management	

Debto	Case 17-10013-JKS Doc	1 Filed 01/02/17 Ent Document Page 24		Desc Main		
4.1	Lazarus Financial Grou	Last 4 digits of account number	3513	\$76.00		
	Nonpriority Creditor's Name 2301 N Central Expy Ste Plano, TX 75075	When was the debt incurred?	Opened 10/11	-		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□ Yes	■ Other. Specify Clinical La	boratory Management	-		
4.1	Lazarus Financial Grou	Last 4 digits of account number	3079	\$70.00		
	Nonpriority Creditor's Name 2301 N Central Expy Ste Plano, TX 75075	When was the debt incurred?	Opened 10/11	-		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure				
	\square Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
			ng plans, and other similar debts			

■ Other. Specify Clinical Laboratory Management

Target 3834 Last 4 digits of account number Nonpriority Creditor's Name C/O Financial & Retail Srvs Opened 5/01/14 Last Active Mailstopn BT POB 9475 When was the debt incurred? 11/19/16 Minneapolis, MN 55440 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Part 3: List Others to Be Notified About a Debt That You Already Listed

☐ Yes

4.1

\$164.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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-	Document Fag	Ac 52 01 29	
Debtor 1 David C Broomfield		Case number (if know)	
Name and Address Barclays Bank Delaware Po Box 8803	On which entry in Part 1 or Part 2 Line 4.1 of (<i>Check one</i>):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Wilmington, DE 19899	Last 4 digits of account number	. ,	
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Capital One	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
15000 Capital One Dr Richmond, VA 23238		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	· · · · · · · · · · · · · · · · · · ·	
Capital One 15000 Capital One Dr	Line <u>4.3</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
Richmond, VA 23238		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2		
Citibank/The Home Depot Po Box 6497	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Sioux Falls, SD 57117		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2		
Comenity Capital Bank/HSN 995 W 122nd Ave	Line <u>4.5</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
Westminster, CO 80234		■ Part 2: Creditors with Nonpriority Unsecured Claims	
·	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Credit One Bank Na	Line <u>4.6</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
Po Box 98875 Las Vegas, NV 89193		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Fst Premier	Line <u>4.7</u> of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
601 S Minnesota Ave Sioux Falls, SD 57104		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2		
Fst Premier 601 S Minnesota Ave	Line 4.8 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Sioux Falls, SD 57104		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	· •	
Target	Line <u>4.13</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
Po Box 673 Minneapolis, MN 55440		■ Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim

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Debtor 1 Da	avid C E	Broomfield	Case r	number (if know)		
	6f.	Student loans	6f.	\$	0.00	
Total claims						
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	7,476.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	7,476.00	

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Fill in this infor	Il in this information to identify your case:								
Debtor 1	David C Broomfie								
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name						
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEE	RSEY						
Case number									
(if known)				☐ Check if this is an amended filing					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
					_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	0::			715.0	_
	City		State	ZIP Code	
2.4	N				<u> </u>
	Name				
		0, ,			<u> </u>
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_
	, ,				

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		Docume	nı ray ı 20 0	1 33	
Fill in this in	formation to identify your	case:			
Debtor 1	David C Broomfie	eld			
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle News	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case number	r				☐ Check if this is an
Official I	Form 106H				amended filing
Schedu	le H: Your Cod	ebtors			12/15
1. Do yo No Yes 2. Within Arizona, No. Go Yes. C	California, Idaho, Louisiana, o to line 3. Did your spouse, former	you are filing a joint case, I lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	operty state or territor erto Rico, Texas, Wash with you at the time?	y? (Community propertington, and Wisconsin.) if your spouse is filin	ty states and territories include g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Imn 2. Jumn 1: Your codebtor ne, Number, Street, City, State and Zi	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt
				<u>_</u>	• • •
3.1 Nai	me			☐ Schedule D, lin ☐ Schedule E/F,	
				☐ Schedule E/F,	
N	orbon Otronot				
City	mber Street	State	ZIP Code		
				Пол	
3.2 Nai	me			_ ☐ Schedule D, lin☐ Schedule E/F,	
				☐ Schedule E/F,	
				— Goriedale G, III	
Nui City	mber Street	State	ZIP Code		
0.0,	•				

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Fill	in this information to identify your ca	ase:					
Del	btor 1 David C Bro	omfield					
	btor 2 puse, if filing)						
Uni	ited States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY				
(If kr	se number fficial Form 106l				13 income a	d filing ent showing postpetition c as of the following date:	hapter
	chedule I: Your Inc	omo			MM / DD/ Y	YYY	12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	are married and not filing wi	ng jointly, and your spouse ith you, do not include info	e is living witermation abo	h you, inclu ut your spo	ude information about youse. If more space is no	our eeded,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing spouse	
	If you have more than one job,	Employment status	■ Employed		☐ Emplo	oyed	
	attach a separate page with information about additional	Employment status	☐ Not employed		☐ Not e	mployed	
	employers.	Occupation	driver				
	Include part-time, seasonal, or self-employed work.	Employer's name	Party Rental LTD				
	Occupation may include student or homemaker, if it applies.	Employer's address	275 North St Teterboro, NJ 07608				
		How long employed t	here?				
Pai	ct 2: Give Details About Mor	nthly Income					
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report fo	or any line, wri	te \$0 in the	space. Include your non-	filing
-	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information for all	employers fo	or that perso	n on the lines below. If yo	u need
				For D	ebtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			\$	6,571.93	\$ N/A _	
3.	Estimate and list monthly overt	ime pay.	3.	+\$	0.00	+\$ <u>N/A</u>	

\$ 6,571.93

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	David C Broomfield	-	(Case	e number (if knov	vn)				
						r Debtor 1				spouse	
	Cop	by line 4 here	4.		\$_	6,571.9	93_	\$		N/A	<u>. </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	2,237.4	11	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	Э.	\$_	0.0	00	\$		N/A	<u> </u>
	5c.	Voluntary contributions for retirement plans	50		\$_	0.0	00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$_	0.0		\$		N/A	_
	5e.	Insurance	56		\$_	0.0	_	\$		N/A	_
	5f.	Domestic support obligations Union dues	5f		\$ \$	0.0		\$		N/A N/A	_
	5g. 5h.	Other deductions. Specify:	5g 5h	y. า.+	\$ -	0.0		+ \$		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_		* - \$	2,237.4		\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		* - \$	4,334.5		\$		N/A	_
		* * *	•		Ψ –	7,007.0	_	Ψ		11/7	<u> </u>
8.	8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						•			
	O.L.	monthly net income.	88		\$_	0.0		\$		N/A	_
	8b.	Interest and dividends	8b	Э.	\$_	0.0	00	\$		N/A	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		_	æ	0.4		¢.		N 1/ A	
	8d.	settlement, and property settlement. Unemployment compensation	80 80		\$ \$	0.0		\$		N/A	_
	8e.	Social Security	86		\$ -	0.0 1,439.0		\$		N/A N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental			`-	1,1001		*			<u>. </u>
		Nutrition Assistance Program) or housing subsidies. Specify:	8f	·.	\$	0.0	00	\$		N/A	1
	8g.	Pension or retirement income	80	_	\$_	0.0		\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	Դ.+	\$_	0.0	00_	+ \$		N/A	<u> </u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	1,439.0	00	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		5,773.52 +	\$		N/A	= \$	5,773.52
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		3,773.32	Ψ-		IVA		3,773.32
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	dep							e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	5,773.52
13.	Do	you expect an increase or decrease within the year after you file this form	?							Combi	ned ly income
		No.									

Official Form 106I Schedule I: Your Income page 2

	in this informa	tion to identify yo	our case:			1		
Deb		David C Bro				Chec	k if this is:	
	_	David O Bio	Ommera				An amended filing	
	tor 2 buse, if filing)							wing postpetition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY		_	MM / DD / YYYY	
Case	e numbe r							
	nown)							
Of	fficial Fo	rm 106J				•		
		J: Your	Exper	nses				12/15
Be a	as complete a	and accurate as	possible.	. If two married people ar ch another sheet to this	e filing together, be form. On the top of	oth are equa any additio	ally responsible fo nal pages, write y	or supplying correct your name and case
Part		ibe Your House	hold					
1.	Is this a joir No. Go to							
			in a separ	ate household?				
	□N	0	•					
	☐ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Debt	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han ┌	No Yes				
Part		ate Your Ongoi		y Expenses uptcy filing date unless y	an ara naina thia f		anlamant in a Cha	outer 42 and to report
exp				y is filed. If this is a supp				
				government assistance i				
	ficial Form 10						Your exp	enses
4.		or home owners and any rent for the		ses for your residence. I	nclude first mortgage	e 4. \$		2,073.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	4b. Prope	rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associat		upkeep expenses		4c. \$ 4d. \$		0.00
5.				oominium dues our residence, such as ho	me equity loans	4a. \$ 5. \$		0.00

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ebtor 1 D	Pavid C Broomfield	Case num	ber (if known)	
Utilities	S:			
	lectricity, heat, natural gas	6a.	\$	225.00
	Vater, sewer, garbage collection	6b.	\$	50.00
	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	280.00
	Other. Specify:	6d.	·	0.00
	nd housekeeping supplies	7.	· -	300.00
	are and children's education costs	8.	\$	
		9.	\$	0.00 75.00
	g, laundry, and dry cleaning		·	
	al care products and services	10.	\$	0.00
	I and dental expenses	11.	\$	0.00
	ortation. Include gas, maintenance, bus or train fare. include car payments.	12.	\$	200.00
	include car payments. inment, clubs, recreation, newspapers, magazines, and books	13.		0.00
			·	
	ble contributions and religious donations	14.	\$	0.00
5. Insuran				
	include insurance deducted from your pay or included in lines 4 or 20. ife insurance	15a.	\$	0.00
	lealth insurance	15a. 15b.	·	0.00
			·	
	/ehicle insurance	15c.		100.00
	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20		•	
Specify:		16.	\$	0.00
	nent or lease payments:	47-	c	0.00
	Car payments for Vehicle 1	17a.	*	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not rep		¢.	0.00
	ed from your pay on line 5, Schedule I, Your Income (Official Form	106I). 18.	· .	
_	payments you make to support others who do not live with you.	40	\$	0.00
Specify:		19.		
	eal property expenses not included in lines 4 or 5 of this form or or			0.00
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
	roperty, homeowner's, or renter's insurance	20c.	·	0.00
20d. N	faintenance, repair, and upkeep expenses	20d.		0.00
20e. H	lomeowner's association or condominium dues	20e.	\$	0.00
. Other:	Specify:	21.	+\$	0.00
0-11-				
	ate your monthly expenses		•	
	ld lines 4 through 21.	2010	\$	3,303.00
	ppy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10)6J-2	\$	
22c. Ad	d line 22a and 22b. The result is your monthly expenses.		\$	3,303.00
Calcula	ate your monthly net income.			
	•	00-	¢	E 770 F0
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		5,773.52
23b. C	Copy your monthly expenses from line 22c above.	23b.	-\$	3,303.00
00 - 0	Substance of the Control of the Cont			
	Subtract your monthly expenses from your monthly income.	23c.	\$	2,470.52
ı	he result is your monthly net income.	236.	*	2, 0.02
1 Do you	evnect an increase or decrease in your evnences within the year of	fter you file this	form?	
	expect an increase or decrease in your expenses within the year and ple, do you expect to finish paying for your car loan within the year or do you exp			or decrease because of
	tion to the terms of your mortgage?	,	,	
	, 5 5			
■ No.				

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Fill in this infor	mation to identify your	case:				
Debtor 1	David C Broomfi	eld				
	First Name	Middle Name	Las	Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number (if known)					☐ Check if this is an amended filing	
Official Forr						
Declarat	ion About a	an Individual De	ebte	or's Schedules	12/1	15
years, or both. 1	y or property by fraud i 8 U.S.C. §§ 152, 1341, n Below		y cas	e can result in fines up to \$250	0,000, or imprisonment for up to 20	1
Did you pa	y or agree to pay some	eone who is NOT an attorney to	help	you fill out bankruptcy forms	?	
■ No						
☐ Yes. N	Name of person				Bankruptcy Petition Preparer's Notice tion, and Signature (Official Form 119	
	ilty of perjury, I declare e true and correct.	that I have read the summary a	and s	chedules filed with this declar	ation and	
X /s/ Dav	vid C Broomfield		X			
	C Broomfield re of Debtor 1			Signature of Debtor 2		

Date

Date **December 16, 2016**

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Fill	in this inform	nation to identify you	r case:							
	otor 1	David C Broomf								
Der	OLOT 1	First Name	Middle Name	Last Name						
	otor 2 use if, filing)	First Name	Middle Name	Last Name						
		nkruptcy Court for the:	DISTRICT OF NEW JER	SEY						
_		, ,	-							
	se number				_	heck if this is an mended filing				
Sta		of Financial	Affairs for Individ			4/16				
nfo	rmation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you					
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before						
1.	What is you	r current marital statu	ıs?							
	□ Married■ Not mar	ried								
2.	During the last 3 years, have you lived anywhere other than where you live now?									
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .					
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. state					ity property state or territory co, Texas, Washington and W					
	■ No	de aura van fill aut Cal	aaduda III. Variin Cadabbara (O)	ificial Forms 40CU)						
	☐ Yes. Ma	ike sure you fill out S <i>cr</i>	nedule H: Your Codebtors (Of	TICIAI FORM 106H).						
Par	t 2 Explai	n the Sources of You	r Income							
4.	Fill in the total	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?				
	□ No									
	Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
		year before that: ecember 31, 2015)	■ Wages, commissions, bonuses, tips	\$57,592.00	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

Official Form 107

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Debtor 1 David C Broomfield Case number (if known)

		· · · · · · · · · · · · · · · · · · ·	<u> </u>			,					
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.										
	List each	source and	the gross income f	rom each source sepa	rately. Do not include income	that you listed in lin	ne 4.				
	■ No										
	_	Fill in the de	etails.								
			Dek	otor 1		Debtor 2					
				urces of income scribe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below	v. (befo	ss income ore deductions exclusions)			
Pa	rt 3: List	t Certain Pa	vments You Mad	e Before You Filed fo	r Bankruptcv						
	•										
6.	Are either	Neither D	ebtor 1 nor Debto	bts primarily consum r 2 has primarily con onal, family, or househ	sumer debts. Consumer del	bts are defined in 11	U.S.C. § 101(8) as	"incurred by an			
		□ No.	90 days before yo Go to line 7.	ou filed for bankruptcy,	did you pay any creditor a to	tal of \$6,425* or mo	re?				
	☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.										
		* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.									
	Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?										
		■ No.	Go to line 7.								
		□ Yes	include payment		aid a total of \$600 or more a obligations, such as child su						
	Creditor'	's Name an	d Address	Dates of payn	nent Total amount paid	Amount you still owe	Was this payme	nt for			
7.	Insiders in of which y	ou are an of	relatives; any gene fficer, director, pers	ral partners; relatives of son in control, or owner	e a payment on a debt you of any general partners; partr of 20% or more of their voti include payments for domesti	nerships of which young securities; and a	ou are a general part ny managing agent,	including one fo			
		List all payr	nents to an insider								
	Insider's	Name and	Address	Dates of payn	nent Total amount paid	Amount you still owe	Reason for this	payment			
8.	insider?	•		kruptcy, did you make or cosigned by an insid	e any payments or transfer er.	any property on a	ccount of a debt th	nat benefited an			
	■ No □ Yes.	List all pavr	nents to an insider								
		Name and		Dates of navn	nent Total amount	Amount vou	Reason for this	navment			

paid

still owe

Include creditor's name

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Page 36 of 59 Document Debtor 1 David C Broomfield Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number Nationstar Mortgage, LLC vs David **Foreclosure Superior Court Essex** Pending C Broomfield County □ On appeal F-029656-16 ☐ Concluded Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. П **Creditor Name and Address** Value of the Describe the Property Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave per person the gifts Person to Whom You Gave the Gift and 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

Nο

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code)

Describe what you contributed

Dates you contributed Value

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Debtor 1 David C Broomfield C Broomf

Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankruptor gambling?	cy or since you filed for bankruptcy, did y	you lose anyth	ning because of the	ft, fire, other disaster,
	■ No □ Yes. Fill in the details.				
	how the loss occurred	rescribe any insurance coverage for the longitude the amount that insurance has paid. Lesurance claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Dar		isurance claims on line 33 or 3chedule A/B.	T τορ ο πу.		
		eparing a bankruptcy petition?			rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
	Harvey I Marcus 250 Pehle Avenue, Suite 200 Saddle Brook, NJ 07663	\$1500.00		12/16/16	\$1,500.00
	Greenpath 38505 Country Club Dr, Suite 210 Farmington, MI 48331-3429	\$50.00		12/16/16	\$50.00
17.	Within 1 year before you filed for bankrupte promised to help you deal with your credit. Do not include any payment or transfer that you have a limit of the promise of the	ors or to make payments to your creditor		r transfer any prope	rty to anyone who
	Person Who Was Paid Address	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your I include both outright transfers and transfers minclude gifts and transfers that you have alrea No Yes. Fill in the details.	business or financial affairs? nade as security (such as the granting of a se		erty to anyone, othe	
	Person Who Received Transfer Address	Description and value of property transferred		ny property or received or debts	Date transfer was made
	Person's relationship to you		paid iii ext		
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details.		elf-settled tru	st or similar device	of which you are a
	Name of trust	Description and value of the prope	erty transferre	ed	Date Transfer was made

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Debtor 1 David C Broomfield Case number (if known)

			. 5			
	<u> </u>		•	•		our benefit, closed,
					t; shares in banks, credi	unions, brokerage
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accourant instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, an	y safe der	oosit box or other depos	itory for securities,
	Ifithin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, old, moved, or transferred? clude checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage ousses, pension funds, cooperatives, associations, and other financial institutions. I No I Yes. Fill in the details. Who else had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) I No I Yes. Fill in the details. Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) Yalue address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code)					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Address (Number, S		Describe	the contents	•
22.	Have you stored property in a storage unit of	r place other than your	home within 1 y	year befor	e you filed for bankrupto	cy?
	No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it? Address (Number, S	have it? Number, Street, City, Code)			
Pai	t 9: Identify Property You Hold or Control	for Someone Else				
23.	Do you hold or control any property that sor for someone.	neone else owns? Incl	ude any property	y you borı	rowed from, are storing f	or, or hold in trust
	■ No					
	☐ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, S		Describe	the property	Value
Pai	t 10: Give Details About Environmental Info	ormation				
For	the purpose of Part 10, the following definition	ons apply:				
	toxic substances, wastes, or material into th	ne air, land, soil, surfac	e water, ground			
		•	environmental la	w, wheth	er you now own, operate	e, or utilize it or used
	Hazardous material means anything an envi hazardous material, pollutant, contaminant,		as a hazardous v	waste, ha	zardous substance, toxi	c substance,
Rep	ort all notices, releases, and proceedings tha	at you know about, rega	ardless of when	they occu	rred.	
24.	Has any governmental unit notified you that	you may be liable or p	otentially liable u	under or i	n violation of an environ	mental law?
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, S		Enviro know	onmental law, if you it	Date of notice

ZIP Code)

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Debtor 1 David C Broomfield

Case number (if known)

25.	Have you notified any governmental unit of a	ny release of hazardous material?				
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it Environmental la			
26.	Have you been a party in any judicial or admi	nistrative proceeding under any envir	ronmental law? Include settlements a	and orders.		
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case			
Par	11: Give Details About Your Business or Co	onnections to Any Business				
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?						
☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability compa	ny (LLC) or limited liability partnershi	p (LLP)			
	☐ A partner in a partnership					
	☐ An officer, director, or managing exec	cutive of a corporation				
	☐ An owner of at least 5% of the voting	or equity securities of a corporation				
	■ No. None of the above applies. Go to Pa	rt 12.				
	Yes. Check all that apply above and fill in	n the details below for each business				
	Address	Describe the nature of the business				
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed			
28.	Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.	y, did you give a financial statement to	o anyone about your business? Inclu	ide all financial		
	■ No □ Yes. Fill in the details below.					
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued				

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Case number (if known) Debtor 1 David C Broomfield Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ David C Broomfield Signature of Debtor 2 **David C Broomfield** Signature of Debtor 1 Date December 16, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your case:
Debtor 1	David C Broomfield
Debtor 2 (Spouse, if filing)	
United States B	ankruptcy Court for the: District of New Jersey
Case number (if known)	

Check	Check as directed in lines 17 and 21:						
	cording to the calculations required by this tement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	t 1: Calculate Your Average Monthly Income					
1	What is your marital and filing status? Check one	only.				
	■ Not married. Fill out Column A, lines 2-11.					
	☐ Married. Fill out both Columns A and B, lines 2-11	1.				
	Fill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6 he 6 months, add the income for all 6 months and divide the to pouses own the same rental property, put the income from tha	-month period wou tal by 6. Fill in the	ıld be March 1 throu result. Do not includ	ugh August 31. If the amde any income amount m	ount of your monthly incom nore than once. For examp	ne varied during le, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and commiss	sions (before all	\$5,024.22	\$	
3	Alimony and maintenance payments. Do not include Column B is filled in.	de payments froi	n a spouse if	\$	\$	
4	All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	ort. Include regulold, your dependence spouse only if C	ar contributions lents, parents,	\$0.00	\$	
5	Net income from operating a business, profession, or farm	Debtor 1				
	Gross receipts (before all deductions)	\$ 0.00	_			
	Ordinary and necessary operating expenses	-\$ 0.00	_			
	Net monthly income from a business, profession, or fa	arm \$ 0.0 0	Copy here ->	\$	\$	
6	Net income from rental and other real property	Debtor 1				
	Gross receipts (before all deductions)	\$ 0.00	<u> </u>			
	Ordinary and necessary operating expenses	-\$ 0.00	_			
1	Net monthly income from rental or other real property	, ¢ 0.00	Copy here ->	\$ 0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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David C Broomfield Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 1.440.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 6.464.22 6,464.22 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 6,464.22 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 6,464.22 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 6,464.22 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 77,570.64 15b. The result is your current monthly income for the year for this part of the form.

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Debt	or 1	David C Broomfield			Case number (if known)		
16	. Cal	ulate the median family income that applies to	you. Fo	llow these	steps:		
	16a	Fill in the state in which you live.		NJ	_		
	16h	Fill in the number of people in your household.		1			
		Fill in the median family income for your state and	d size of			¢	62,149.00
	100.	To find a list of applicable median income amoun	nts, go on	line using t	the link specified in the separate	\$_	
4-		instructions for this form. This list may also be av	ailable at	t the bankru	uptcy clerk's office.		
17		do the lines compare?	0 11 1	,			
	17a	Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do			1 of this form, check box 1, <i>Disposable in</i> ation of Your Disposable Income (Official F		
	17b	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Cal your current monthly income from line 14	culation		orm, check box 2, <i>Disposable income is de</i> isposable Income (Official Form 122C-2		
Par	t 3:	Calculate Your Commitment Period Under 1	1 U.S.C.	§ 1325(b)(4)		
18.	Cop	y your total average monthly income from line	11.			\$	6,464.22
19.	cont	uct the marital adjustment if it applies. If you and that calculating the commitment period under use's income, copy the amount from line 13.					
		If the marital adjustment does not apply, fill in 0 o	n line 19	a.		- \$	0.00
	19b	Subtract line 19a from line 18.				\$	6,464.22
20.	Cal	ulate your current monthly income for the yea	r. Follov	v these step	os:		
	20a	Copy line 19b				\$_	6,464.22
		Multiply by 12 (the number of months in a year).					(12
	20b	The result is your current monthly income for the	year for	this part of	the form	\$_	77,570.64
	20c.	Copy the median family income for your state and	d size of	household	from line 16c	\$_	62,149.00
	21	How do the lines compare?					
		☐ Line 20b is less than line 20c. Unless otherw	wico ordo	arod by the	court, on the top of page 1 of this form, ch	anck hov 2	The commitment
		period is 3 years. Go to Part 4.	wise orde	ered by trie	court, on the top of page 1 of this form, of	ieck box 3,	THE COMMUNICING
		■ Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.		herwise ord	dered by the court, on the top of page 1 of	this form, c	heck box 4, The
Par	t 4:	Sign Below					
	By s	igning here, under penalty of perjury I declare that	t the info	rmation on	this statement and in any attachments is	true and cor	rect.
)	(/s/	David C Broomfield					
•	Da	vid C Broomfield					
	•	nature of Debtor 1					
	Date	December 16, 2016 MM / DD / YYYY					
	If yo	u checked 17a, do NOT fill out or file Form 122C-2	2.				
	If yo	u checked 17b, fill out Form 122C-2 and file it with	n this forn	m. On line 3	39 of that form, copy your current monthly	income from	n line 14 above.

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	this information to identify					
Debtor	David C Broom	riela				
Debtor (Spous	se, if filing)					
United	States Bankruptcy Court for	the: District of New Jersey				
Case r	number wn)			☐ Check	if this is an amended	d filing
Official	Form 122C-2					
Cha	pter 13 Calculat	tion of Your Dis	posable Inco	me		04/16
Commi Be as o space i	itment Period (Official Form complete and accurate as p is needed, attach a separat	your completed copy of <i>Ch</i> n 122C-1). possible. If two married peoles sheet to this form, Include and case number (if known	ple are filing together, e the line number to w	both are equally respon	nsible for being accui	rate. If more
Part 1	Calculate Your Deduc	ctions from Your Income				
the	questions in lines 6-15. To	(IRS) issues National and Lo find the IRS standards, go able at the bankruptcy clerk	online using the link s			
expe	enses if they are higher than	t out in lines 6-15 regardless of the standards. Do not include amounts that you subtracted f	e any operating expense	s that you subtracted from	m income in lines 5 and	
lf yo	ur expenses differ from mont	th to month, enter the average	e expense.			
Note	e: Line numbers 1-4 are not u	used in this form. These numb	pers apply to information	required by a similar for	m used in chapter 7 ca	ses.
5.	The number of people use	ed in determining your dedu	uctions from income			
		who could be claimed as exe itional dependents whom you ur household.			1	
Nati	onal Standards Yo	ou must use the IRS National	Standards to answer th	e questions in lines 6-7.		
6.		items: Using the number of pamount for food, clothing, and		ne 5 and the IRS National	\$	570.00
7.	the dollar amount for out-of- people who are 65 or older-	allowance: Using the number-pocket health care. The number-because older people have at, you may deduct the addition	ber of people is split into a higher IRS allowance	two categoriespeople	who are under 65 and	

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David C Broomfield Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 54.00 Copy here=> 54.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 54.00 \$ 54.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 551.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,969.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Nationstar Mortgage LLC** 2,073.07 Сору Repeat this amount 2,073.07 2,073.07 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00

Explain why:

affects the calculation of your monthly expenses, fill in any additional amount you claim.

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David C Broomfield Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 308.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 1997 Ford Explorer 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on Total Average Monthly Payment 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Сору Repeat this here amount on line Total average monthly payment 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 David C Broomfield Case number (if known)

Oth	er Nece	essary Expenses	In addition to the expense of the following IRS categorie		listed above	, you are allowed your monthly expenses	for	
16.	self-en your pa and su	nployment taxes, soo ay for these taxes. H	cial security taxes, and Medio lowever, if you expect to recome the total monthly amoun	care taxes eive a tax	. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	2,065.30
17		•	The total monthly payroll ded	luctions th	at vour ioh re	quires such as retirement	· 	<u> </u>
17.	contrib	utions, union dues,	and uniform costs.				¢	0.00
			. ,, ,	•	•	1(k) contributions or payroll savings.	\$	0.00
18.	filing to Do not	gether, include payı	ments that you make for you or life insurance on your dep	r spouse's	term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	0.00
19.	admini	strative agency, suc	The total monthly amount the has spousal or child support past due obligations for sp	t payment	S.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.			thly amount that you pay for					
_0.		a condition for your j		oadoanon	and to ottator i	oquou.		
	_			nt child if n	o public educ	ation is available for similar services.	\$	0.00
21			, ,		•	sitting, daycare, nursery, and preschool.		
۷.,			or any elementary or second			many, adyours, narsery, and presentes.	\$	0.00
22.	that is by a he	required for the heal ealth savings accour	Ith and welfare of you or you nt. Include only the amount the	r depende nat is more	nts and that is than the tota		Ф.	0.00
	-		ince or health savings accou		-	y in line 25. you pay for telecommunication services	\$	0.00
24	phone income Do not expens	service, to the exter e, if it is not reimburs include payments for ses, such as those re	nt necessary for your health a sed by your employer. For basic home telephone, into eported on line 5 of Official F	and welfard ernet and of form 122C	e or that of yo cell phone sel -1, or any am	special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment ount you previously deducted.	+ \$	0.00
24.		ies 6 through 23.	allowed under the IRS expe	ense allow	rances.		—	
Add	litional	Expense Deduction	These are additional of Note: Do not include a					
25.	insurar					ses. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
	Health	insurance		\$	0.00			
	Disabil	ity insurance		\$	0.00			
	Health	savings account	•	+ \$	0.00	_		
	Total			\$	0.00	Copy total here=>	\$	0.00
	Do you	actually spend this						
		Yes	you actually spend?	\$				
26.	continu	nued contributions ue to pay for the reasousehold or member	sonable and necessary care	or family n and suppo	ort of an elder le to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b)	\$	0.00
27.						nses that you incur to maintain the es Act or other federal laws that apply.		
	•	,	p the nature of these expens				\$	0.00

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otor 1						
	Additional home energy costs. Your homine 8.	e energy costs are included in your insuranc	e and operating	expenses o	n	
	f you believe that you have home energy on the fill in the excess amount of home er	osts that are more than the home energy cosnergy costs	sts included in ex	penses on	line	
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must ary.	show that the ac	lditional	\$	0.0
9		Iren who are younger than 18. The monthly pendent children who are younger than 18 years.			or	
	ou must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must not already accounted for in lines 6-23.	explain why the	amount		
*	Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or a	fter the date of a	djustment.	\$	0.0
ŀ		he monthly amount by which your actual food allowances in the IRS National Standards. T s in the IRS National Standards.			;	
		ional allowance, go online using the link spec so be available at the bankruptcy clerk's office		rate		
`	You must show that the additional amount	claimed is reasonable and necessary.			\$	0.0
	Continuing charitable contributions. The nstruments to a religious or charitable orga	e amount that you will continue to contribute in inization. 11 U.S.C. § 548(d)(3) and (4).	n the form of cas	h or financia	al	
[Oo not include any amount more than 15%	of your gross monthly income.			\$	0.0
	Add all of the additional expense deduct Add lines 25 through 31.	ions.			\$_	0.00
Dadu	ctions for Debt Payment					
Deau	CHOILS IOI DEDI FAYIHEIIL					
33. F o	•	in property that you own, including home 33a through 33e.	mortgages, vel	nicle		
33. Fo lo To	or debts that are secured by an interest ans, and other secured debt, fill in lines	33a through 33e. ent, add all amounts that are contractually du				
33. Fo lo To	or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paym	33a through 33e. ent, add all amounts that are contractually du			Avera	age monthly ent
33. Fo lo To	or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba	33a through 33e. ent, add all amounts that are contractually du	ue to each secur		paym	
33. Fo lo To	or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba	a3a through 33e. ent, add all amounts that are contractually dunkruptcy. Then divide by 60.	ue to each secur	ed	paym	nent
33. Fo lo To cr	or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles	a3a through 33e. ent, add all amounts that are contractually dunkruptcy. Then divide by 60.	ue to each secur	ed =>	\$	nent
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ebtor 1 David C Broomfiel	ld		Case	e number (if known)		
	isted in line 33 secured by your p sary for your support or the supp			,		
☐ No. Go to line 35.						
listed in line 33,	unt that you must pay to a creditor, ir, to keep possession of your propert 60 and fill in the information below.					
Name of the creditor	Identify property that so	ecures the deb	t	Total cure amount	Montamo	hly cure unt
Nationstar Mortgage LL	25 Wetmore Ave, U NJ 07040 Essex C		\$	16,011.00	÷60 = \$	266.85
			\$		÷ 60 = \$ ÷ 60 = +\$	
					. → 00 = +5 Copy	
			Total	\$ 266.85	total	266.85
Total amount of the Course of the United States the Executive Office for U	district as stated on the list issued be Courts (for districts in Alabama and inited States Trustees (for all other districts).	by the Adminis d North Caroli listricts).	trative na) or by	\$0.00) ÷60 \$	0.00
separate instructions for this	iers that includes your district, go online t form. This list may also be available at th	e bankruptcy cle	eched in the erk's office.		_	
Average monthly adminis	trative expense			\$	Copy total here=> \$	
37. Add all of the deductio Add lines 33e through 30					\$	2,339.92
Total Deductions from Inco	me					
38. Add all of the allowed de	eductions.					
expense allowances	expenses allowed under IRS		3,548.30	_		
Copy line 32, All of the ϵ	additional expense deductions	\$	0.00	_		
Copy line 37, All of the o	deductions for debt payment	+\$	2,339.92	-		
-		\$	5,888.22	Copy total here=	÷ \$	5,888.22

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otor 1	David C Broo	omfield				Case r	numb	per (if known)			
rt 2:	Determine Y	our Disposable Income Under 11 U.S	.C. § 132	5(b)(2))						
		urrent monthly income from line 14 or Current Monthly Income and Calcul				d.			\$_		6,464.22
ch dis rec	ildren. The mon ability payments beived in accorda	ably necessary income you receive for thly average of any child support payment for a dependent child, reported in Part ance with applicable nonbankruptcy law pended for such child.	ents, foste I of Form	er care 122C-	payments, o	r	\$	0	0.00		
em in '	ployer withheld 11 U.S.C. § 541(retirement deductions. The monthly the from wages as contributions for qualifie b)(7) plus all required repayments of loc. § 362(b)(19).	d retireme	ent pla	ns, as specifi		\$	O	0.00		
2. To	tal of all deduct	ions allowed under 11 U.S.C. § 707(b)(2)(A). (Copy lir	ne 38 here	=>	\$	5,888	3.22		
exp the	penses and you eir expenses. Yo	ecial circumstances. If special circums have no reasonable alternative, describution unust give your case trustee a detailed documentation for the expenses.	e the spe	ecial ci	rcumstances	and					
escri	ibe the special	circumstances		Δ	mount of ex	pen	se				
				_ \$ _							
				_ \$ _							
				_ \$ _							
			Total	\$	0.00		Cop	oy e=> \$	(0.00	
4. To	tal adjustments	s. Add lines 40 through 43.	L		=>	\$		5,888.22	Cop	y ==> - \$	5,888.22
		g				_]	<u> </u>	
5. Ca	lculate your mo	onthly disposable income under § 13	25(b)(2).	Subtra	ct line 44 fror	n line	e 39).		\$	576.00
t 3:	Change in In	come or Expenses							L		
ha tim yo	ve changed or a le your case will u filed your petiti	e or expenses. If the income in Form 12 re virtually certain to change after the double open, fill in the information below. Fron, check 122C-1 in the first column, er ill in when the increase occurred, and fi	ate you fil or examp nter line 2	led you le, if th in the	ir bankruptcy e wages repo second colur	petit petit orted nn, e	tion inc	and during the reased after			
		B			Date of chan	ge		Increase or decrease?	Am	nount of chang	е
orm	Line	Reason for change						accicase:			

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Debtor 1	David C Broomfield	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the infor	rmation on this statement and in any attachments is true and correct.
	/s/ David C Broomfield David C Broomfield Signature of Debtor 1	
	December 16, 2016 MM / DD / YYYY	

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Debtor 1 David C Broomfield Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2016 to 12/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Party Rental LTD

Income by Month:

6 Months Ago:	07/2016	\$3,783.06
5 Months Ago:	08/2016	\$4,266.93
4 Months Ago:	09/2016	\$5,173.95
3 Months Ago:	10/2016	\$10,088.51
2 Months Ago:	11/2016	\$6,832.88
Last Month:	12/2016	\$0.00
	Average per month:	\$5,024.22

Line 9 - Pension and retirement income

Source of Income: **Social Security** Constant income of **\$1,440.00** per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-10013-JKS Doc 1 Filed 01/02/17 Entered 01/02/17 16:49:43 Desc Main Document Page 57 of 59

United States Bankruptcy CourtDistrict of New Jersey

		District of New Jersey				
In re	David C Broomfield		Case No.			
		Debtor(s)	Chapter	13		
VERIFICATION OF CREDITOR MATRIX						
The ab	ove-named Debtor hereby verifies th	hat the attached list of creditors is true and co	rrect to the best	of his/her knowledge.		
Date:	December 16, 2016	/s/ David C Broomfield				
		David C Broomfield				

Signature of Debtor

Barclays Bank Delaware Po Box 8801 Wilmington, DE 19899

Barclays Bank Delaware Po Box 8803 Wilmington, DE 19899

Capital One Po Box 30285 Salt Lake City, UT 84130

Capital One 15000 Capital One Dr Richmond, VA 23238

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Citibank/The Home Depot Po Box 6497 Sioux Falls, SD 57117

Comenity Capital Bank/HSN Po Box 182125 Columbus, OH 43218

Comenity Capital Bank/HSN 995 W 122nd Ave Westminster, CO 80234

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193

Fst Premier 601 S Minneapolis Ave Sioux Falls, SD 57104 Fst Premier 601 S Minnesota Ave Sioux Falls, SD 57104

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19114

Lazarus Financial Grou 2301 N Central Expy Ste Plano, TX 75075

Nationstar Mortgage LLC Attn: Bankruptcy PO Box 619094 Dallas, TX 75261-9741

RAS Citron, LLC 130 Clinton Rd, Ste 202 Fairfield, NJ 07004

State of New Jersey PO Box 245 Trenton, NJ 08602-0245

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Target Po Box 673 Minneapolis, MN 55440